

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035477

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 43

STATE FILE NUMBER

FILED SEP 26 1962

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon Saline Twp.		Length of stay in lb 1 year	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS Rt. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Cora Middle Gwendolyn Last Wickham		4. DATE OF DEATH Month September Day 10 Year 1962	
5. SEX female	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/29/18
9. AGE (last birthday) 44		IF UNDER 1 YEAR Months 44 Days 44 Hours 44 Min. 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator		10b. KIND OF BUSINESS OR INDUSTRY shoe factory	
11. BIRTHPLACE (City and state or country) Tuscumbia, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Marvin E. Slote		13b. MOTHER'S MAIDEN NAME Lena Harrison	
14. NAME OF HUSBAND OR WIFE Alton Wickham		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Alton Wickham, Eldon, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast with generalized metastasis DUE TO (b) gynecologic metastasis DUE TO (c) gynecologic metastasis		INTERVAL BETWEEN ONSET AND DEATH 15 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:50 a.m. 11:50 p.m. Month, Day, Year May 1961	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Eldon Mo	
20g. COUNTY Eldon		20h. STATE Missouri	
21. I attended the deceased from May 1961 to Sept 10, 1962 and last saw her alive on Sept 10, 1962 Death occurred at 11:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Carl F. Bruehle, Jr. M.D.	
22b. ADDRESS Eldon Mo		22c. DATE SIGNED 9-14-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/13/62	23c. NAME OF CEMETERY OR CREMATORY Eldon	
23d. LOCATION (City, town, or county) Eldon		23e. STATE Missouri	
24. FUNERAL DIRECTOR Phillips Funeral Home, Eldon, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 12, 1962	
26. REGISTRAR'S SIGNATURE Al Derronta Webb			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

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FEB 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Edelen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.